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01 FC:1501	1400.00 GP	PRADEMIRY.			· · · · · · · · · · · · · · · · · · ·	(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/831,505	08/01/2001			Aoki	2001-0565A	5693
TITLE OF INVENTION: SI	UNAL PROCESSOR FOR	CORRECTING A	ND DETECT	ING ERRORS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	05/31/2005
EXAMINER		ART UN	IT	CLASS-SUBCL ASS		
BRITT, CYNTHIA H		2133		714-764000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. WENDEROTH, LIND 1& PONACK, L.L.P.			
3. ASSIGNEE NAME AND				Γ (print or type)	HE COMMISSIONER IS	AUTHORIZED
(A) NAME OF ASSIGNE	EE	(B) RESIDENC	for filing an assignment. CE: (CITY and STATE OR C	CHARGE ANY WEFFU	TO DEPOSIT
MATSUSHITA ELEC		-		KA, JAPAN batent): Individual	Corporation or other private or	roun entity
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
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Authorized Signature Dan M. Direlon			Date April 13, 2005			
Typed or printed name					n No. 45,336	
This collection of information	n is required by 37 CFR 1.3	11 The information	n is required	to obtain or retain a hazafit bu	the mublic subject is to file (an	d houster HICDTO to a N

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